

## APPLICATION FOR RESTORATION OF LICENSE

**Instructions:** In order to restore a license, you must submit a completed application with required documentation, and a check or money order in the amount of \$500.00 for the restoration application fee.

If your license has been expired for more than three years, you must have your fingerprints scanned at a Livescan facility. Livescan fees are paid directly to the vendor and vary according to location. Livescan facilities and fees may be found at <http://ag.ca.gov/fingerprints/publications/contact.htm>. If your license has been expired for more than three years and you reside outside of California, you must submit fingerprint cards and an additional \$51.00 fingerprint fee with your application. **Restoration and fingerprint fees are non-refundable.**

**Required Documentation:** In addition to the application and fees described above, you must submit documentation that you have met the requirements to restore your license and provide a 2 x 2 photograph taken within 60 days from the filing of this application. (Polaroids will not be accepted.)

Please Print or Type

<b>Name:</b>	Last	First	Middle	Former
<b>Address:</b>	Number	Street		
	City	State	Zip Code	
<b>Telephone:</b>	Residence	Business		
	( )	( )		
<b>Practice Address:</b>	Number	Street		
	City	State	Zip Code	
<b>Date of Birth</b>	<b>Social Security Number</b>			

<b>License No.:</b>
<b>Date of Forfeiture or Cancellation:</b>

**2. Are you licensed in any other state or country?** ☐ Yes ☐ No If yes, please specify below

State/Country	Issue Date	License No.	Current Status

**3. Chiropractic College you attended:**

<b>Name of College:</b>	<b>Address</b>	<b>City/State</b>	<b>Zip</b>	<b>Graduation Date:</b>

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<b>Date Cashiered:</b> _____	<b>Amount:</b> _____
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4. Have you ever been convicted of or pled guilty or no contest to a violation of any law of a foreign country, the United States, any state, or local ordinance? You must include all infractions, misdemeanor and felony convictions, regardless of the age of the offense, including those which have been set aside under Penal Code sections 1000 and 1203.4. (Traffic violations that resulted in fines of less than \$500 and did not involve alcohol, dangerous drugs, or controlled substances need not be reported.) If yes, include an explanation and documentation of your criminal court documents (i.e. complaint, minute order, indictment, plea agreement, etc.)

☐ **Yes (Documentation is attached)**

☐ **No**

5. Are you now on probation or parole for any criminal or administrative violations in this state or any other state or territory? If yes, attach certified copies of all disciplinary or court records.

☐ **Yes (Certified documentation is attached)** ☐ **No**

6. Have you ever had disciplinary proceedings against any professional license including revocation, suspension, probation, voluntary surrender, or any other proceeding in this state or any other state or territory?

☐ **Yes**

☐ **No**

7. Do you have a physical or medical condition that currently impairs your ability to practice safely?

☐ **Yes**

☐ **No**

8. Have you ever been denied a license or similar privilege by a licensing agency, or been denied the opportunity to take a licensing examination?

☐ **Yes**

☐ **No**

9. Have you, at any time, practiced on a forfeited, expired, cancelled or inactive license? If yes, indicate the dates of practice in your explanation.

☐ **Yes (Explanation is attached)**

☐ **No**

10. Check at least one of the following conditions that qualify you to restore your license and provide all supporting documentation:

☐ I have completed the board's continuing education requirements that were in effect for each year that my license was expired or cancelled. Please attach copy(ies) of proof of completion of approved continuing education.

☐ I practiced in another state under an active valid license and completed all the continuing education requirements for that state for each twelve (12) month period or portion thereof the license was expired.

☐ I have passed the National Board of Chiropractic Examiners, Special Purposes Examination for Chiropractors within six (6) months prior to submitting the license restoration application.

I certify under penalty of perjury under the laws of the State of California, that all information provided in connection with this application for restoration is true, correct and complete. Providing false information or omitting required information may constitute grounds for disciplinary action against the license.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

(Rev. 04/11)